

# 創新計劃工具書

一個給照顧者的工具書：集合各種提示，建議和  
創新的計劃選擇

創設單位：



贊助單位



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# 怎樣利用這工具書

這工具書能幫助你創設各種訓練計劃給你所關愛的人。

## 什麼是一個照顧者？

一個照顧者可以是一位照顧有特殊需要人士的人。照顧者可以是父母，祖父母，兄弟姐妹，配偶，成長的子女，其他親屬（姨/姑媽，伯/舅父，姨甥，侄兒/女，孫兒，表兄弟姐妹，配偶父母等），朋友，鄰居，社區成員等。

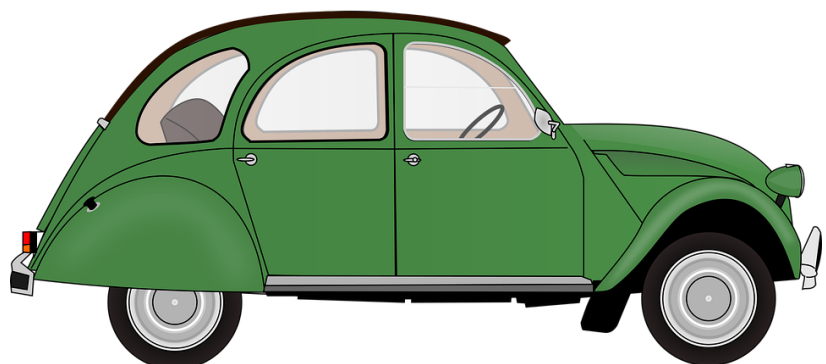
## 這工具書給誰用？

這工具書是為希望與其他家庭合作創立可負擔訓練計劃的照顧人士而設立的。這工具書能幫助你為將來創設一個全新的訓練計劃，比如你希望找到與你說同一語言的家庭並與他們合作創建一個項目

**\*注意：** 這工具書不單是給照顧者使用 – 任何熱衷於各種創設訓練計劃的人都可以用

## 創設各種訓練計劃有什麼好處？

- 避免需要等候訓練課程推出
- 可以按照你家庭成員的目標，興趣，需要和能力來制定訓練計劃
- 和共同價值觀及目標的人一起工作
- 把家庭成員加入創設好的訓練的計劃中
- 和其他照顧者和社區共同計劃項目
- 擴寬你的社交網路



# 路線圖

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聯絡

就緒

登招聘廣告

面試

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開始

登推廣廣告

執行

評估

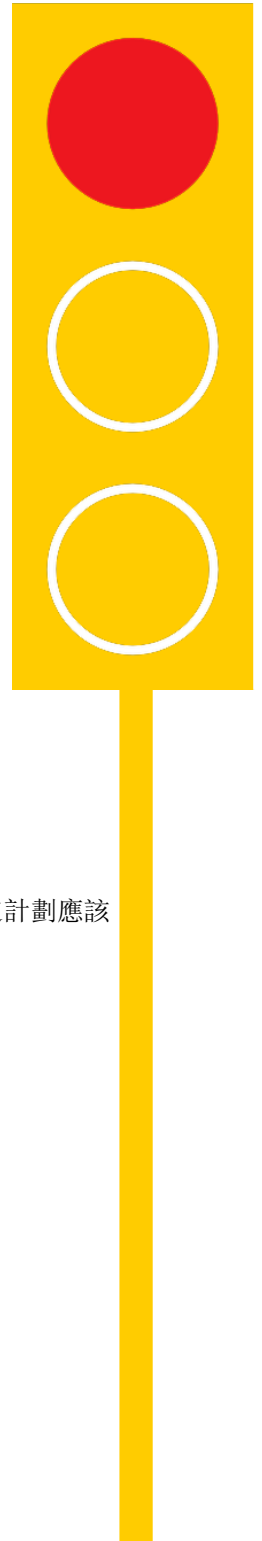
# 創設及維持一個訓練/計劃

## 從想法到實現

- **第一步：對遠見要明確**
  - 要清楚知道，你想創設什麼？
  - 瞭解你自己為什麼要創設這訓練計劃- 你想得到什麼成績？例如，“我想我的子女擴大他們的社交網路”或“我想提供各種工作坊令社區連接起來”或“我想各家庭能互助並想出新訓練來幫助子女
  
- **第二步：計劃很重要**
  - 當你清晰知道自己的遠景，思考一個規劃去實現它
  - 評估自己的實力
  - 寫下你的目標
  
- **第三步：聯絡其他照顧人員**
  - 看誰有相近的需要，興趣和目標，看誰在同區居住。首先用你的個人網路 (社交平臺，個人關係，當地機構，學校，社區中心，當地圖書館，社交俱樂部) 來聯絡其他照顧人員
  - 定時協調各種聚會去確保各照顧人員都能投入參與
  
- **第四步：討論想法**
  - 當你集合一些有相同興趣的照顧人員去開始訓練計劃，應該連同眾參與者去討論這計劃應該有什麼活動
  - 討論這些活動時刻要考慮到目標，能力，興趣及技能

**提示：**可以先開始一個小組，然後從那裡擴展是完全沒有問題的！

**提示：**如果你找不到有共通理念的照顧者，你可以到當地機構求助，不要氣餒！



# 創設及維持一個訓練/計劃

## → 第五步：釐定角色

- 誰負責創設那部分的訓練計劃是十分重要，另外也要釐定每個組員及志願者的角色。每組要選一個組長 / 副組長來確保運作過程順利。

照顧者組长的角色及工作大綱樣本在第 10 頁

- 當訓練計劃需要超過一個員工，僱用一個活動統籌員來領導比較妥善。

活動統籌員的角色及工作大綱樣本在第 11 頁

支援員工的角色及工作大綱樣本在第 12 頁

志願者的角色及工作大綱樣本在第 13 頁

## → 第六步：選址

- 商討日期和什麼時間來進行訓練計劃最理想（但你要根據可用的資源來靈活調配）
- 接觸一些做崇拜的禮堂，社區中心，服務機構，圖書館，歡迎中心或當地店鋪作為聚會地點
- 只需要開口問，這些地方一般都不收費或只收少量費用

## → 第七步：落實日期和時間去運作訓練計劃

- 選址定了，再協調各人的日子和時間

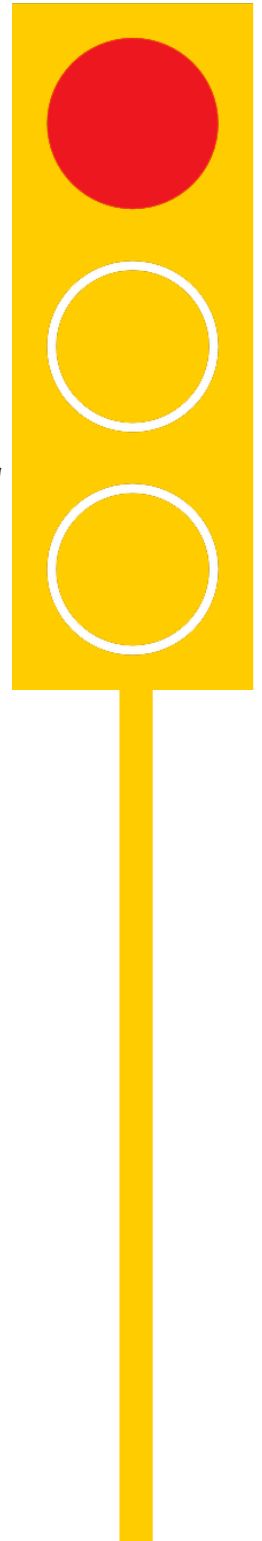
## → 第八步：決定所需費用和用戶收費

- 決定需要多少費用來運作這訓練計劃
- 定期預測所需費用是有好處（例如：每十周做一次。）
- 基於所需費用，計算用戶收費以確保有足夠營運開支
- 這用戶收費可基於不同訓練，例如：每次 / 每週連續多少周

預算案樣本在第 14 頁

## → 第九步：你已準備好做下一步，就是招聘及僱用活動統籌員和志願者

**提示：**發展一個可行及有效的計劃，必須要每個家庭為他們的  
家庭成員坦誠道出他們的期望及個人需要，興趣和目標



# 創設及維持一個訓練/計劃

## 招聘和雇用活動統籌員和志願者

### → 第一步：撰寫招聘廣告

- 大綱要說明活動統籌員和志願者的要求包括技能，資格證書和職責。  
招聘廣告樣本在第 15-16 頁

### → 第二步：刊登

- 在各處投放招聘職位，一些建議包括網站（例如：Indeed, Charity Village 等），社區中心，歡迎中心，社區公告，職業介紹所，基督教青年會，當地圖書館，當地社區社交平臺（例如：LinkedIn, Facebook 等）

### → 第三步：挑選申請求職者來面試

- 審查所有履歷並挑選較好的來面試，每個職位最好能面試 3-5 人。
- 編寫申請表讓申請求職者面試前填寫，以便你收集更多關於面試過的求職者的資料。

活動統籌員申請表樣本在第 17 頁

志願者申請表樣本在第 19 頁

### → 第四步：進行面試

- 安排最少兩名照顧者來面試。

**備註：**如果你準備招聘多位活動統籌員，你可以安排在職的活動統籌員來幫助面試

活動統籌員面試大綱樣本在第 21 頁

志願者面試大綱樣本在第 23 頁

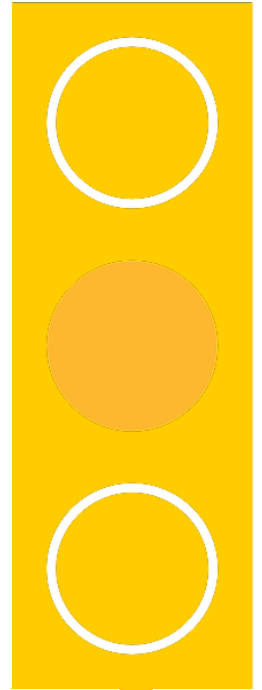
### → 第五步：配套的推薦資料

- 挑選好的求職者，要求他/她們準備最少兩份工作或教育上的推薦人/書。

工作的推薦書樣本在第 24 頁

教育的推薦書樣本在第 25 頁

**提示：**你也可以在本地報刊，網絡，查看大專及大學的公告牌或網上查詢



# 創設及維持一個訓練/計劃

## → 第六步：準備聘用

- 你必須在活動統籌員和志願者工作前拿到一份員警發出的無犯罪證明，你可以先提供一封有條件的聘用書直至他們拿到這證明。這證明有效期只有三個月並一定要看到原本，也要複印一份做檔案。
- 你必須保證活動統籌員和志願者都擁有一份有效的急救/心肺復蘇法的證書。危機防預應變（CPI）證書是個優點，但不是必須的

## → 第七步：雇用條件書

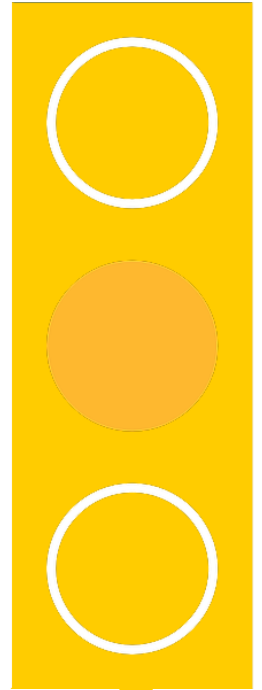
- 你和活動統籌員 / 志願者之間應簽署一份雇用條件書  
活動統籌員的雇用條件書樣本在第 26 頁  
志願者的雇用條件書樣本在第 28 頁

## → 第八步：你已準備好做下一步，就是開始訓練計劃

## 資源：你社區內其他有用的資源

- ⇒ 積極參與的社區幫手（CHAP）是一種約克區支援服務網路（YSSN）幫助個別人仕聯絡合適的員工的計劃。你可以透過這網站 [https:// bit.ly/2Ot9yWn](https://bit.ly/2Ot9yWn) 使用這服務
- ⇒ 雇用照顧者 – 給有發育障礙的安省居民指南 “是社區及社會服務部（MCSS）出版的指南，可從 <https://bit.ly/2yGiyNI> 下載
- ⇒ 如需要最低工資及相關勞工資訊，流覽當地勞動部的網站。關於安省的勞工條例請點擊 <https://www.labour.gov.on.ca>
- ⇒ 志願者簽到表樣本在第 37 頁
- ⇒ 服裝規範表樣本在第 38 頁

**提示：** 一個弱勢社群保護證明是一種更詳細的犯罪記錄來核實個人是否豁免性犯罪，它包括RCMP 全國資料庫和當地警察局資料庫的資訊來審核個人以往記錄





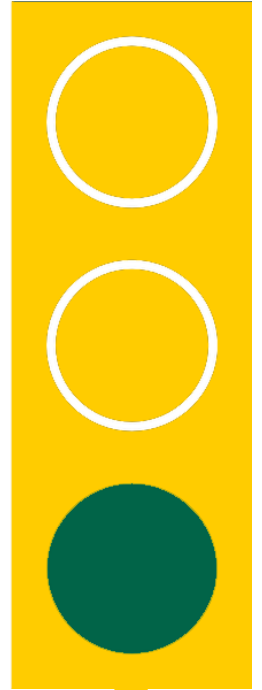
# 創設及維持一個訓練/計劃

## 開始訓練計劃

- **第一步：撰寫一張訓練計劃傳單**
  - 包括相關資料如地點，時間，計劃描述和費用。你可以用一些免費媒介如 Canva 來製作傳單。  
傳單樣本在第30頁
  
- **第二步：做宣傳**
  - 到學校，社交俱樂部，歡迎中心，圖書館，當地機構和崇拜禮堂等派發傳單。
  
- **第三步：確保所有參與者都填好登記資料**  
登記資料樣本在第32頁
  
- **第四步：收款**
  - 收到填好的登記資料後，一併收款
  
- **第五步：和活動統籌員開會**
  - 敲定活動日程表和預期進度  
活動日程表樣本在第31頁
  
- **第六步：記錄出席情況**  
出席表樣本在第35頁
  
- **第七步：評估計劃**
  - 計劃開始後，保持一個良好習慣去定期評估進度。  
家長評估樣本在第36頁  
個人評估樣本在第37頁

**恭喜！** 你已拿到通行證！ 是時候開始了！

**提示：** 你可以用些線上工具如 **Google Sites** (來建網站)，  
用**Mailchimp** 和 **Eventbrite** 來溝通，提高這計畫的知名度和輕鬆跟蹤使用者登記情況



# 樣本

# ROLES AND TASKS OF CAREGIVERS

## Lead Caregiver

- Communicate program goals to facilitator/s
- Provide guidance on program implementation
- Lead formation of caregiver group
- Coordinate meetings and lead discussions
- Share ideas and provide feedback to the facilitator/s with regards to activities and overall operations of the program
- Support the facilitator/s when applicable
- Communicate shared and individual needs of the participants to the facilitator/s
- Make decisions regarding the direction of the group in consultation with other caregivers.
- In some cases oversee overall program budget
- Recruit new participants/caregivers
- Advertise program within own networks
- Seek opportunities for the group

## All Caregivers

- Recruit new participants/caregivers
- Advertise program within own networks
- Seek opportunities for the group
- Any and/all of the above mentioned roles/tasks can be assigned to all caregivers

**\*NOTE\*** There are many ways to operate a group including:

- Designating co-leads instead of just one lead
- Designating a caregiver per task, for instance one caregiver to handle budget, one to handle implementation of the plan, one to hire staff and volunteers, etc.

# ROLES AND TASKS OF THE LEAD FACILITATOR

## Lead Facilitator

- Acquire and submit police vulnerable sector check
- Organize and Coordinate program sessions and activities
- Ensure program activities are aligned with the program goals
- Schedule facilitators and volunteers
- Ensure availability of space and book in advance
- Create activity schedule and distribute
- Facilitate program
- Build rapport/trust and develop relationship with participants and caregivers
- Purchase program materials. Always request receipts and track.
- Oversee overall Program budget and communicate to caregivers organizing the program (unless a lead caregiver has been assigned to this task)
- Collect program fee (unless a lead caregiver has been assigned to this task.)
- Record transactions and ensure adequate funds are available
- Ensure all participants have completed a registration package
- Ensure information of in the registration package is up to date for returning participants
- Complete attendance sheet
- Ensure the availability of First Aid Kit on site
- Ensure location is left clean after each session
- Communicate constantly with caregivers re: program updates, how their family member is doing at the program via e-mail, phone, and/or in person
- Complete program evaluations with caregivers and participants
- Debrief with all facilitators and volunteers at the end of each series on what worked and what didn't and communicate with caregivers to implement suggested changes
- Administrative tasks including but not limited to filing, researching activities, updating program binders, etc.
- Delegate any of the above tasks to others and ensure completion
- Plan for future sessions
- Arrange facilitator/s meetings as necessary
- Attend caregiver meetings
- Other duties as assigned

**\*NOTE\*** It is not necessary to designate a lead facilitator, but has been proven to be best practice.

# ROLES AND TASKS OF THE SUPPORT FACILITATOR

## **Support Facilitator**

- Acquire and submit police vulnerable sector check
- Organize activities with lead facilitator and assist with setup and clean up
- Encourage participants to engage in program activities
- Build rapport/trust and develop relationship with participants and caregivers
- Work with lead facilitator and volunteers to ensure each session runs smoothly
- Communicate with caregivers via email, phone and/or in person regarding the upcoming sessions
- Administrative tasks including but not limited to filing, researching activities, updating program binders, etc.
- Purchase materials
- Plan activities for the future sessions
- Attend caregiver meetings
- Provide feedback during debrief meetings with facilitators and volunteers
- Attend facilitator meetings
- Any and/or all roles and tasks highlighted in the lead facilitators description can be assigned to the support facilitator
- Other duties as assigned

# ROLES AND TASKS OF A VOLUNTEER

## Volunteer

- Acquire and submit the police vulnerable sector check
- CPR/First Aid training recommended
- Crisis Prevention and Intervention training recommended
- Encourage participants to engage in program activities
- Assist Facilitators in putting the activities together, set up and clean up
- Work with the facilitators to ensure sessions run smoothly
- Ensure there is a paid staff in close vicinity at all times when providing support to the participants
- Keep record of volunteer hours
- Administrative tasks including but not limited to filing, researching activities, updating program binders etc.
- And other duties as assigned

**\*NOTE\*** Volunteers can be a very valuable asset to a team. It is important to recognize their contributions. This can be done by presenting them with:

- A certificate of appreciation
- A small gift

# BUDGET

Thursday Social Club		
Expense	Description	Total
Staffing Costs	1 Facilitator x \$18/hour (16 hours)	\$288.00
Supplies	Board Games	\$50.00
	Activity Books	\$15.00
	Paint Supplies and Canvas	\$150.00
	Karaoke Machine	\$200.00
Food	Pizza	\$50.00
	Snacks	\$10.00
Activity Cost	Cooking Class	\$100.00
	Movie Outing	\$80.00
	<b>Total Expense</b>	<b>\$943.00</b>
<b>Revenue</b>		
User Fees	6 x \$160 per participant (8 sessions)	\$960.00
	1 x \$80.00 per participant (4 sessions)	\$80.00
	<b>Total Revenue</b>	<b>\$1,040.00</b>
<b>Total (Revenue-Expenses)</b>		
		<b>\$97.00</b>

# SAMPLE POSTING

## NOW HIRING!

The Thursday Social Group is looking for a facilitator on Thursday nights to operate the group for youth ages 13+ with intellectual disabilities.

### We are looking for a passionate facilitator who:

Has experience working with people with intellectual disabilities, social work experience or equivalent experience

Who is available to work every Thursday from 6:30-8:30pm

Has experience planning and leading activities for youth (life/social skills, outdoor activities, indoor activities, games etc)

Has access to a vehicle is an asset but is not mandatory

Location of program: 123 Jane Doe, Smithville ON L4K 2P3

### Duties include:

Responsibility and punctuality

Ensuring program activities are aligned with the program goals

Creating and distributing schedules to participants/families

Facilitate programs

Build rapport and positive relationships with participants

Ensuring registration

Keeping track of funds/transactions and keeping track of attendance



**Start date** is January 10, 2019 and will continue every Thursday until summer break.

**Rate:** \$14/Hour

If interested, please submit resume to:  
[youremail@youremail.com](mailto:youremail@youremail.com)

For more information contact: 905-123-1234





# SAMPLE POSTING

## VOLUNTEERS NEEDED!

The Thursday Social Group is looking for volunteers on Thursday nights to help facilitate the group for youth ages 13+ with intellectual disabilities.

We are looking for volunteers who are passionate and dedicated to working with youth and who:

- Have experience working with individuals with an intellectual disabilities
- Are available to volunteer every Thursday from 6:30-8:30pm.
- Have or are looking to gain experience creating programming and facilitating activities
- Has a vehicle however, it is not mandatory
- Location: 1234 Happy lane, ON, L7P 1M4

### Duties include:

- Showing responsibility and punctuality
- Assisting facilitator to create activity plans
- Facilitate programs with youth
- Build rapport and positive relationships with participants
- Ensuring registration



**Start date** is January 10, 2019 and will continue every Thursday until summer break.

If interested, please submit resume to: [youremail@youremail.com](mailto:youremail@youremail.com)

For more information contact: 905-123-1234

# A3. FACILITATOR APPLICATION FORM (1)

## Facilitator Application Form

(Please provide the following information to the best of your ability)

### **PERSONAL DATA**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, Province: - \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Are you legally eligible to work in Canada? Yes  No

In case of emergency, please contact: (name, address and telephone number)

1. _____	2. _____
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### **EDUCATION**

Highest Level of Education (Degree /Diploma /Certification):

_____
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How did you hear about us? Newspaper \_\_\_\_\_ Internet \_\_\_\_\_ Friend \_\_\_\_\_ Other \_\_\_\_\_

Do you have a recent police vulnerable sector check?

Yes  NO

Please list 3 references we can contact: (name and contact information)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

# FACILITATOR APPLICATION FORM (2)

Please check the following that applies:

Driver's License:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
CPR:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
First Aid:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
CPI:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Sign Language:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Swimming:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

List other training courses: (list the course and when it was taken)

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I hereby declare that the foregoing information is true and complete to my knowledge. I understand that a false statement may disqualify me for consideration to this opportunity.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

# A6. VOLUNTEER APPLICATION FORM (1)

## Volunteer Application

### **Contact Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### **Education**

University/College/High School \_\_\_\_\_

### **Work Experience**

List your employment history and describe duties performed (or attach resume):

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### **Volunteer Experience**

List the organizations that you have volunteered for and describe duties performed (or attach resume):

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### **Availability**

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Mornings (11:00 am – 3:00 pm)

Afternoons (1:30 pm – 5:30 pm)

Evenings (6:00 pm – 9:30 pm)

# VOLUNTEER APPLICATION FORM (2)

**A commitment of 3 months is required. Do you foresee any reason why you may not be able to meet this requirement?**

Yes

No

**If yes, please explain possible conflicts below:**

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## **Additional Information**

**Please tell us in your own words why you are interested in volunteering with this program? What you hope to gain from the experience? What you can contribute to the program?**

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**Please indicate two references (no personal references) whom we may contact with regards to your application:**

Reference 1: \_\_\_\_\_

Reference 2: \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

# A4. FACILITATOR INTERVIEW GUIDE (1)

## Facilitator Interview Guide

Applicant's Name: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Interviewer(s): \_\_\_\_\_

1. How much knowledge do you have about this program?
2. Tell us about your formal, informal and ongoing education?
3. Tell us about your previous employment and/or experience and how it would benefit you as a facilitator?
4. Do you have any knowledge and/or experience working with people who have an intellectual disability?
5. Tell us about your strengths and skills. And how would that benefit the participants you will be working with?
6. Have you had the opportunity to assist with developing an activity schedule, field trips, etc., for children, youth and/or adults?

# FACILITATOR INTERVIEW GUIDE (2)

7. What is your availability and how flexible are you? For example: if a caregiver is late in picking up their family member, would you be available to stay behind?
  
8. Have you ever had to deal with an emergency situation (i.e. medical, behavioral, etc.)? If so, what was it and how did you respond?
  
9. As a facilitator, you will be working collaboratively with the caregivers and participants, as a team. What do you think are the most important aspects of a successful team?
  
10. Do you have any questions for us?

# A7. VOLUNTEER INTERVIEW GUIDE

## Volunteer Interview Guide

1. How did you hear about this program?
2. Why would you like to be a volunteer?
3. What activities would you like to volunteer for?
4. Have you ever had the opportunity to do volunteer work in the past? If so, tell us about one specific example.
5. Do you have any experience working with people who have an intellectual disability?
6. Do you have any specialized training? (eg. CPR, First Aid, CPI)
7. What days/hours are you available to work?
8. For what length of time can you commit to this volunteer opportunity? (i.e. 6 months, 1 year, etc.)
9. What hobbies/talents do you have that you feel would benefit the participants of this program?



# A9. WORK REFERENCES

**Reference Name:** \_\_\_\_\_ **Company Name:** \_\_\_\_\_  
**His/Her Position:** \_\_\_\_\_ **Date of Reference:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Applicant Name:** \_\_\_\_\_

How long has the person been with the organization? \_\_\_\_\_

What position/s and job responsibilities did the candidate have?

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Was he/she punctual?  Reliable?  Flexible?  Focused?  Team player?

What do you consider his/her best characteristics?

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Are there any areas of concern or areas the person could improve upon?

Why did he/she leave the company? Would you re-hire this person?

Do you think that he/she is a good fit for working with people who have an intellectual disability?

How would you describe his/her attitude in general?

How does he/she relate to clients/co-workers?

Is there any other information you would like to communicate to us?

*Thank you very much for your time.*

# A10. EDUCATIONAL REFERENCES

**Reference Name:** \_\_\_\_\_ **Company Name:** \_\_\_\_\_

**His/Her Position:** \_\_\_\_\_ **Date of Reference:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Applicant Name:** \_\_\_\_\_

Is he/she enrolled at your school? Yes: \_\_\_\_\_ No: \_\_\_\_\_

How long have you known the candidate? \_\_\_\_\_

Could you describe his/her program of study? \_\_\_\_\_

How would you describe his/her attitude in general (towards teachers, students, academics, etc)?

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Did he/she get assignments in on time? \_\_\_\_\_ Was he/she punctual? \_\_\_\_\_

What do you consider his/her greatest strengths? \_\_\_\_\_

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Are there any areas of concern or areas the person could improve upon?

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Do you think he/she would be a good fit for working with people who have an intellectual disability?

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Is there any other information you would like to communicate to us?

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*Thank you very much for your time.*

# FACILITATOR LETTER OF UNDERSTANDING (1)

## Letter of Understanding (SAMPLE)

**Lead Facilitator name:**

**Commencement Date:**

**Host Location:**

**Duties and responsibilities include:**

- Work sessions that will be held every \_\_\_\_\_ (insert day) of the week from \_\_\_\_\_ (insert dates)
- Be punctual, responsible, and maintain positive attitude
- Planning, budgeting, scheduling, and implementing the activities for the program
- Purchasing necessary materials for the program
- Supervision of the program
- Provide opportunities for participants to develop life and social skills and maintain an environment that encourages positive relationships
- Engage participants during the program
- Point person for caregivers operating the program
- Communicate with caregivers via regular meetings and emails
- Work cooperatively with other team members, caregivers, and participants in the program
- Other duties as assigned

**Trial period:**

Since we are unaware of how the participants will be engaged in the program, it is very important for the caregivers to request a trial period of one month. At the end of this period, the position will be reviewed by all the caregivers and discussed with you.

**Hours:**

There is a need for the facilitator to be flexible with the day and hours as these may be changed as required according to the participants/parents' needs. Under these circumstances, where hours need to be changed or additional hours required, the caregivers will give as much notice as possible.

# FACILITATOR LETTER OF UNDERSTANDING (2)

**Lateness:**

If you are going to be more than 10 minutes late you are required to contact the caregivers/lead caregivers as soon as possible but at the very latest 30 minutes before you are due to start.

**Compensation:**

\_\_\_\_\_ per hour will be paid for hours worked.

**Sick:**

If you are ill and unable to attend the program you should inform the caregiver/s as soon as possible to enable other arrangements to be made.

**Termination:**

Either party requires two weeks' notice if the arrangement is not working.

**Confidentiality:**

All information regarding the caregivers, participants and their domestic or personal circumstances is strictly confidential and cannot be discussed with a third party without the caregiver/s participants (18 years and up) consent. Exceptions may include emergency situations.

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**Lead Facilitator Signature**

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**Date**

# VOLUNTEER LETTER OF UNDERSTANDING (1)

## Letter of Understanding (SAMPLE)

**Volunteer name:**

**Commencement Date:**

**Host Location:**

### **Duties and responsibilities include:**

- Volunteer sessions that will be held every \_\_\_\_\_ (insert day) of the week from \_\_\_\_\_ (insert dates)
- Be punctual, responsible, and maintain positive attitude
- Provide opportunities for participants to develop life and social skills and maintain an environment that encourages positive relationships
- Engage participants during the program
- Work cooperatively with other team members, caregivers, and participants in the program
- Other duties as assigned

### **Trial period:**

Since we are unaware of how the participants will be engaged in the program, it is very important for the caregivers to request a trial period of one month. At the end of this period, the position will be reviewed by all the caregivers and discussed with you.

### **Hours:**

There is a need for the volunteer to be flexible with the day and hours as these may be changed as required according to the participants/caregivers' needs. Under these circumstances, where hours need to be changed or additional hours required, the facilitator will give as much notice as possible.

### **Lateness:**

If you are going to be more than 10 minutes late you are required to contact the facilitator as soon as possible but at the very latest 30 minutes before you are due to start work.

### **Sick:**

If you are ill and unable to attend the program you should inform the facilitator as soon as possible to enable other arrangements to be made.

### **Termination of work arrangement:**

During the trial period either party requires two weeks' notice.

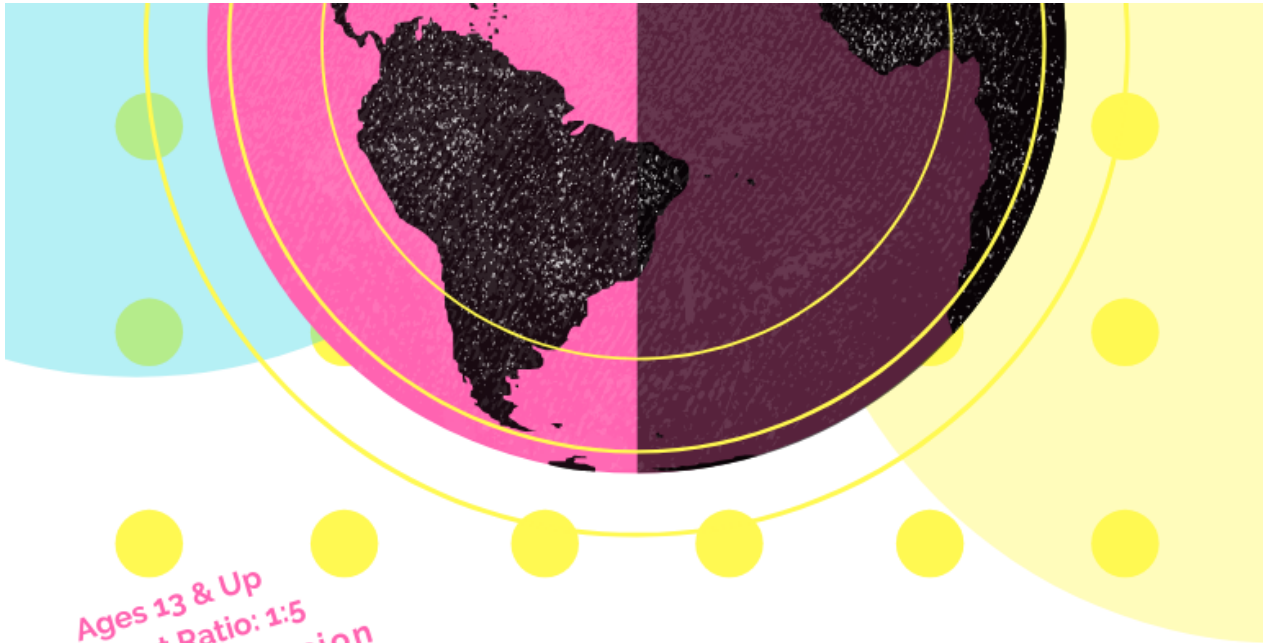
### **Confidentiality:**

All information regarding the caregivers, participants and their domestic or personal circumstances is strictly confidential and cannot be discussed with a third party without the caregiver/s participants (18 years and up) consent. Exceptions may include emergency situations.

\_\_\_\_\_  
**Volunteer Signature**

\_\_\_\_\_  
**Date**

# FLYER



Ages 13 & Up  
Support Ratio: 1:5  
Fee: \$25.00/session

**CAREGIVER OPERATED PROGRAM**

## **THURSDAY SOCIAL GROUP**

**Activities Include: Arts & Crafts, Movie Night,  
Dance Club, Karaoke Night, Cooking Night,  
Bowling, and other Outdoor Activities**

**Date:**

**Starting January 10, 2019 and  
runs every thursday until  
summer break**

**Time: 6:30pm-8:30pm**

**CONTACT:** Program Facilitator | **P:** 905-123-1234 | **E:** youremail@youremail.com

**LOCATION:** 1234 Happy Lane, ON L7P 1M4

# ACTIVITY SCHEDULE

## Thursday Social Group January 10th–February 28th 2019

### Week 1

Jan 10, 2019  
6:30pm–8:30pm

Location: 1234 Happy Lane, ON L7P 1M4

Contact Facilitator @ 905-123-1234

### Karaoke Nights:

- Build confidence and friendships
- Get social and have fun



Jan 17, 2019  
6:30pm–8:30pm

1234 Happy Lane, ON L7P 1M4

Contact Facilitator @ 905-123-1234

- Canvas painting
- Light snacks and refreshments



### Week 3

Jan 24, 2019  
6:30pm–8:30pm

Location: 1234 Happy Lane, ON L7P 1M4

Contact Facilitator @ 905-123-1234

### Scrabble:

- Improving vocabulary and spelling skills
- Light snacks and refreshments



### Week 4

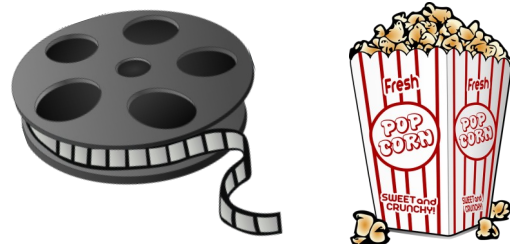
Jan 31, 2019  
6:30pm–8:30pm

Location: 1234 Happy Lane, ON L7P 1M4

Contact Facilitator @ 905-123-1234

### Movie Night at Colossus Theatre:

- Movie to be determined closer to the date



# A11. PARTICIPANT REGISTRATION PACKAGE (1)

**Program Name:** \_\_\_\_\_

**Starting Date:** \_\_\_\_\_

**Cost per session:** \_\_\_\_\_

**End Date:** \_\_\_\_\_

**Payment received by:** \_\_\_\_\_

**Amount:** \_\_\_\_\_

Participant Name: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Support Ratio: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

## **RECREATIONAL INTERESTS**

My favourite things/activities are:

\_\_\_\_\_  
\_\_\_\_\_

I want to learn:

\_\_\_\_\_  
\_\_\_\_\_

## **BEHAVIOUR**

Sometimes I get frustrated and angry \_\_\_\_\_ YES \_\_\_\_\_ NO

The things make me upset are:

\_\_\_\_\_  
\_\_\_\_\_



# PARTICIPANT REGISTRATION PACKAGE (2)

The things I might do when I am upset are (ie. Screaming, biting etc.)

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When I'm angry or frustrated, I can be best supported by:

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## **COMMUNICATION**

I use verbal communication \_\_\_\_\_ YES \_\_\_\_\_ NO

I use Signing \_\_\_\_\_ Bliss \_\_\_\_\_ Gestures \_\_\_\_\_

I make my needs known \_\_\_\_\_ YES \_\_\_\_\_ NO

My first language is \_\_\_\_\_

I can also speak and understand \_\_\_\_\_

I understand English \_\_\_\_\_

## **HEALTH AND MOBILITY**

Allergies/Dietary Restrictions:

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Mobility Assistance Needed:

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Personal Support:

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**By signing below, I understand that this program is operated by caregivers and I release all program volunteers, facilitators, and organizing caregivers from any and all liabilities.**

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# PARTICIPANT REGISTRATION PACKAGE (3)

## Consent for Release of Information and Photo Usage

**Name of Person Supported:** \_\_\_\_\_

**Date of Birth (mm/dd/yyyy):** \_\_\_\_\_

**Address:** \_\_\_\_\_

I, \_\_\_\_\_, hereby consent \_\_\_\_\_ to:  
(Print Full Name) (Program Name)

Release and/or exchange information concerning \_\_\_\_\_  
(name of person supported) to \_\_\_\_\_  
(name of organization) for the purpose of \_\_\_\_\_.

Use photographs or video footage of me/my child for the purpose of sharing with other families within the program and other agencies.

\_\_\_\_\_  
**Signature of Person Supported (Age 18+)**

\_\_\_\_\_  
**Date (mm/dd/yyyy)**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date (mm/dd/yyyy)**

\_\_\_\_\_  
**Signature of Witness**

\_\_\_\_\_  
**Date (mm/dd/yyyy)**

# ATTENDANCE RECORD

## Friday Social Attendance

Sept 16th - Nov 4th

NAME	SEPT 16	SEPT 23	SEPT 30	OCT 7	OCT 14	OCT 21	OCT 28	NOV 4
eg. Peter	✓	✓			✓	✓	✓	

Nov 11th - Jan 13th

NAME	NOV 11	NOV 18	NOV 25	DEC 2	DEC 9	DEC 16	JAN 6	JAN 13
eg. Peter	✓	✓	✓	✓	✓	✓	✓	✓

Jan 30th - Mar 10th

NAME	JAN 20	JAN 27	FEB 3	FEB 10	FEB 17	FEB 24	MAR 3	MAR 10
eg. Peter	✓		✓	✓	✓		✓	✓

# A14. PARENT EVALUATION QUESTIONNAIRE

## Parent Evaluation Questionnaire

**1. Did your son/daughter enjoy the Program?**



YES



NO

If no, please explain: \_\_\_\_\_

**2. Is there anything that we can improve within the Program?**



YES



NO

If yes, please explain: \_\_\_\_\_

**3. Would you access the Program again?**



YES



NO

If no, please explain: \_\_\_\_\_

**4. Would you recommend this Program to a friend?**



YES



NO

If no, please explain: \_\_\_\_\_

*Thank you for your time!*

# A15. PARTICIPANT EVALUATION

1. Please place a ✓ in the box for the answer that best describes your feelings about the program

“The program was...”

[ ] (1) Very Bad    [ ] (2) Bad    [ ] (3) Okay    [ ] (4) Good    [ ] (5) Very Good



2. What part of the program did you like the most?

Please explain: \_\_\_\_\_

3. What did you not like about the program?

Please explain: \_\_\_\_\_

4. Did you learn something new at the program? (Eg. New information, skills, people)



If yes, what new things did you learn: \_\_\_\_\_

5. Would you like to come back to this program again?



If yes, what new things would you like to see happening in the program? \_\_\_\_\_

6. Other suggestions or comments: \_\_\_\_\_



# SUGGESTED DRESS CODE POLICY

When providing direct support to people, appropriate clothing and footwear must be worn.

**The following is a brief list of clothing that is not appropriate when providing direct support to people:**

- No torn jeans.
- No directly exposed undergarments.
- No tube tops.
- No mini skirts, mini dresses and/or short shorts (e.g. must be able to bend over without exposing your undergarments).
- Tops and bottoms that expose your chest, midriff or behind.
- No transparent tops.
- No tops that might be offensive or disrespectful to others.

**The following is a list of criteria that is considered to be appropriate footwear:**

- Have a **closed toe** and non slip sole.
- Have less than a one inch heel.
- Any shoe that is securely fastened to the foot. Flip flops would be an example of **unsecure** footwear.

**If your clothing or footwear is deemed inappropriate,  
you may be requested to change.**

創設單位：

